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PTO/SB/30 (10/2001)

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**REQUEST  
FOR  
CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

Address to:  
Commissioner for Patents  
Box RCE  
Washington, DC 20231

Application Number	09/695,028
Filing Date	October 24, 2000
First Named Inventor	Jason M. Benz
Art Unit	1765
Examiner Name	Alanko, Anita Karen
Attorney Docket Number	BUR920000047US1

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR §1.114**

a. ☒ Previously submitted

i. ☒ Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on January 23, 2003  
(Any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

iii. ☐ Other \_\_\_\_\_

b. ☒ Enclosed

i. ☐ Amendment/Reply

iii. ☐ Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☒ Other Preliminary Amendment

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of \_\_\_\_\_ months (Period of suspension shall not exceed 3 months; Fee under 37 CFR §1.17(i) required)

b. ☐ Other \_\_\_\_\_

3. **Fees** The RCE fee under 37 CFR §1.17(e) is required by 37 CFR §1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 09-0456

i. ☒ RCE fee required under 37 CFR §1.17(e) | 02/25/2003 CV0111 00000122 090456 09695020

ii. ☐ Extension of time fee (37 CFR §§1.136 and 1.17)

01 FC:1801 750.00 CH

iii. ☒ Other Excess Claim Fee Payment Letter

02 FC:1202 54.00 CH

b. ☐ Check in the amount of \$ \_\_\_\_\_ enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print / Type)

Sean M. McGinn, Esq.

Registration No. (Attorney / Agent)

34,386

Signature

Date

February 21, 2003

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print / Type)

Signature

Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Jason M. Benz

Serial No.: 09/695,028

Group Art Unit: 1765

Filed: October 24, 2000

Examiner: Alanko, Anita K.

For: METHOD FOR THIN FILM LASER REFLECTANCE CORRELATION FOR  
SUBSTRATE ETCH ENDPOINT

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**EXCESS CLAIM FEE PAYMENT LETTER**

Sir:

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.

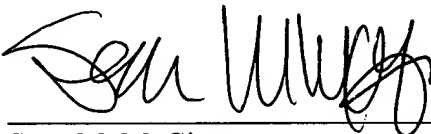
	<u>AFTER AMENDMENT</u>	<u>PREV. PAID FOR</u>	<u>EXTRA CLAIMS PRESENT</u>	<u>RATE</u>	<u>FEE DUE</u>
Total Claims	36 -	33	= 3	x \$18.00	\$ 54.00
Indep. Claims	3 -	3	= 0	x \$84.00	\$ .00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$ 54.00</b>

Please charge Assignee's Deposit Account No. 09-0456 in the amount of \$ 54.00 to cover the excess claim fees. A duplicate copy of this sheet is enclosed. The Commissioner is authorized to charge any deficiencies in fees and credit any overpayment of fees to Assignee's Deposit Account No. 09-0456.

Respectfully Submitted,

Date:

2/21/03



Sean M. McGinn  
Reg. No. 34,386

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